In re Cynthia L. Shepard	statement (check one box as directed in Part I, III, or VI of this
Debtor(s)	☐ The presumption arises.
2000(0)	☐ The presumption does not arise.
Case Number: 1-13-11917-clb	☐ The presumption is temporarily inapplicable.
(If known)	(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS						
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
IA	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.						
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.						
1C	Declaration of Reservists and National Guard Members By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard						
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and						
	☐ I remain on active duty /or/						
	☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;						
	OR						
	 b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 						

	Part II.	CALCULATION (OF MONTHLY INCO	OME I	FOR § 707(b)(7) I	EXCLUS	ION	
			es and complete the balance ("Debtor's Income") for Li			directed.		
	 b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. 						re	
2			aration of separate househoumn B ("Spouse's Income			Complete	both	
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") Lines 3-11.					or		
			e received from all sources, or ase, ending on the last day or		_		Column A	Column B
		hly income varied during t	the six months, you must div				Debtor's Income	Spouse's Income
3	Gross wages, salary	, tips, bonuses, overtir	ne, commissions.				\$4,426.13	\$
4	difference in the approfarm, enter aggregate Do not include any p a. Gross receip	opriate column(s) of Line numbers and provide det part of the business ex ts	rofession, or farmSubtract 4. If you operate more than deails on an attachment. Do no openses entered on Line between the control of the cont	one bus ot enter as a de \$0.00	iness, profession or a number less than zero.			
		necessary business exp	enses	\$0.00			\$0.00	\$
	c. Business inc	ome		Subtra	act Line b from Line a			
5	any part of the opera	umn(s) of Line 5. Do not eating expenses entered	ubtract Line b from Line a arenter a number less than zer lon Line b as a deduction enses	o. D	o not include			
	,	er real property income		Subtra	act Line b from Line a		\$0.00	\$
6	Interest, dividends,	and royalties.					\$0.00	\$
7	Pension and retirem	ent income.					\$0.00	\$
8	the debtor or the de Do not include alimon	btor's dependents, incl y or separate maintenanc llar payment should be re	tity, on a regular basis, fo uding child support paid t e payments or amounts paic ported in only one column; if	f or that I by you	purpose. r spouse if Column B is	,	\$0.00	\$
9	was a benefit under th	nd that unemployment co	e amount in the appropriate of mpensation received by you not list the amount of such the space below:	or your	spouse			
		pensation claimed to ne Social Security Act	Debtor <u>\$0.00</u>	Spous	se <u>\$</u>		\$0.00	\$
10	if Column B is comp Do not include any be	not include alimony or bleted, but include all of nefits received under the	source and amount. If necesseparate maintenance pather payments of alimony Social Security Act or payment international or domestic te	or sepa	s paid by your spouse arate maintenance. ceived as a victim of a wa			
	a.				0			
	b.				0			
	Total and enter on L	ine 10		ļ			\$0.00	\$
44		-	107(b)(7). Add Lines 3 thru					
11	Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the			\$4.426.13	\$			

	,, , ,, ,	
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$4,426.13

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$53,113.56				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at the bankruptcy court.) Enter the median family income for the applicable state and www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$58,106.00				
	a. Enter debtor's state of residence: NEW YORK b. Enter debtor's household size: 2	φοσ, τοσ.σσ				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)							
16 Enter the amount from Line 12. \$							
17	Column B that was NOT paid on a regular basis for the dependents. Specify in the lines below the basis for expouse's tax liability or the spouse's support of persons						
	b.	\$					
	c. \$						
	Total and enter on Line 17		\$				
18	Current monthly income for § 707(b)(2). Subtract L	ine 17 from Line 16 and enter the result.	\$				

	Part V. CALCULATION OF DEDUCTIONS FROM INCOME				
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)				
19A	National Standards: food, clothing, and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$			

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount, and enter the result in Line 19B.						
	Household members under 65 years of age a1. Allowance per member a2. Allowance per member						
	b1. Number of members		b2.	Number of members			
	c1. Subtotal		c2.	Subtotal			\$
20A	Local Standards: housing and utilities; non- IRS Housing and Utilities Standards; non-mortg information is available at www.usdoj.gov/ust/ size consists of the number that would currently plus the number of any additional dependents w	age expenses for or from the clerk be allowed as ear	or the a c of the xempt	applicable county and family e bankruptcy court). The ap	size. (This plicable family		\$
20B	Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. 1. IRS Housing and Utilities Standards; mortgage/rental expense						
	b. Average Monthly Payment for any debts s	secured by your			•		
	home, if any, as stated in Line 42 c. Net mortgage/rental expense				\$ Subtract Line	b from Line a.	\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					\$	
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\sum 0 \sum 1 \sum 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$	
22B	Local Standards: transportation; additional for a vehicle and also use public transportation, for your public transportation expenses, enter or Standards: Transportation. (This amount is available)	and you contend Line 22B the "F	I that y Public	ou are entitled to an addition Transportation" amount from	m IRS Local	•	\$

Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)						
	☐ 1 ☐ 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IR: (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cour Monthly Payments for any debts secured by Vehicle 1, as stated in Line Line a and enter the result in Line 23. Do not enter an amount less	rt); enter in Line b the total of the Average 42; subtract Line b from				
	a. IRS Transportation Standards, Ownership Costs	\$	7			
	b. Average Monthly Payment for any debts secured by Vehicle 1,	\$		\$		
	as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		Ť		
24	Local Standards: transportation ownership/lease expense; Vehicle Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IR: (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy couthe Average Monthly Payments for any debts secured by Vehicle 2, as s from Line a and enter the result in Line 24. Do not enter an amount a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	S Local Standards: Transportation urt); enter in Line b the total of tated in Line 42; subtract Line b		\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly of for all federal, state and local taxes, other than real estate and sales taxe employment taxes, social-security taxes, and Medicare taxes. Do not taxes.	· · · · · · · · · · · · · · · · · · ·				
26	Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
28	Other Necessary Expenses: court-ordered payments. Enter the to pay pursuant to the order of a court or administrative agency, such as Do not include payments on past due support obligations include			\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	· ·	nonthly amount that you actually expend on not include other educational payments.		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B.			\$		
32	Other Necessary Expenses: telecommunication services. Enter actually pay for telecommunication services other than your basic home pagers, call waiting, caller id, special long distance, or internet service and welfare or that of your dependents. Do not include any amount	telephone and cell phone service such as to the extent necessary for your health		\$		
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 \$					

	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32							
	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.							
	a. Health Insurance \$							
	b.	Disability Insurance	\$					
34	c.	Health Savings Account	\$					
34	Total	and enter on Line 34				\$		
	-	u do not actually expend this e below:	s total amount, state your actual tota	al average monthly exper	nditures in the			
35	monthl elderly	y expenses that you will contin	re of household or family members ue to pay for the reasonable and neces mber of your household or member of	ssary care and support o	of an	\$		
36	incurre		Enter the total average reasonar family under the Family Violence Preure of these expenses is required to be	vention and Services Act	t or	\$		
37	Local S provid	Standards for Housing and Util le your case trustee with do	I average monthly amount, in excess of lities, that you actually expend for home cumentation of your actual expens at already accounted for in the IRS S	e energy costs. You es, and you must dem	must	\$		
38	you ac second with d	tually incur, not to exceed \$14 dary school by your dependent ocumentation of your actua	nt children less than 18. Enter the 7.92* per child, for attendance at a priv children less than 18 years of age. I expenses, and you must explain vertalready accounted for in the IRS 5	rate or public elementary You must provide you why the amount claime	or ur case trustee	\$		
39	Addition clothin Standar or from	onal food and clothing expe g expenses exceed the combinards, not to exceed 5% of those	-	thly amount by which you apparel and services) in to ion is available at	he IRS National <u>www.usdoj.gov/ust/</u>	\$		
40		nued charitable contribution f cash or financial instruments	s. Enter the amount that you will count to a charitable organization as defined	continue to contribute in t I in 26 U.S.C. § 170(c)(1	he)-(2).	\$		
41	Total	Additional Expense Deducti	ons under § 707(b). Enter the total	of Lines 34 through 40		\$		
			Subpart C: Deductions fo	or Debt Payment	t			
	you ow Payme total of filing o	n, list the name of the creditor ent, and check whether the pay all amounts scheduled as con	ns. For each of your debts that is see, identify the property securing the debyment includes taxes or insurance. The stractually due to each Secured Credito by 60. If necessary, list additional entrenents on Line 42.	ot, state the Average Mone Average Monthly Paymor or in the 60 months follow	athly ent is the ving the			
40		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?			
42	a.			\$	☐ yes ☐no			
	b.			\$	☐ yes ☐no			
	c.			\$	☐ yes ☐no			
	d.			\$	☐ yes ☐no			
	e.			\$	☐ yes ☐no			
	Total: Add Lines a - e \$							

	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents,						
	you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and						
			that must be paid in order to avoid repo wing chart. If necessary, list additional e				
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	7		
43	a.			\$			
	b.			\$]		
	C.			\$]		
	d.			\$]		
	e.			\$			
		•		Total: Add Lines a - e	\$		
			y claims. Enter the total amount, divid				
44			imony claims, for which you were liable ons, such as those set out in Line 28		\$		
			nses. If you are eligible to file a case u				
		llowing chart, multiply the am nistrative expense.	nount in line a by the amount in line b, ar	nd enter the resulting			
	a.	Projected average monthly	Chapter 13 plan payment.	\$			
45	b. Current multiplier for your district as determined under						
	schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoi.gov/ust/						
	or from the clerk of the bankruptcy court.)						
	C.	Average monthly administra					
	C.	Average monthly administra	ative expense of Chapter 13 case	Total: Multiply Lines a and b	\$		
46		Deductions for Debt Payn			\$ \$		
46				ugh 45.			
46	Total		nent. Enter the total of Lines 42 thro Subpart D: Total Deduct	ugh 45.			
	Total	Deductions for Debt Payn of all deductions allowed	nent. Enter the total of Lines 42 thro Subpart D: Total Deduct	ions from Income f Lines 33, 41, and 46.	\$		
	Total	Deductions for Debt Payn of all deductions allowed Part V	Subpart D: Total Deduct under § 707(b)(2). Enter the total of	ions from Income If Lines 33, 41, and 46. 707(b)(2) PRESUMPTION	\$		
47	Total Total Enter	of all deductions allowed Part V the amount from Line 18 (Subpart D: Total Deduct under § 707(b)(2). Enter the total of I. DETERMINATION OF §	ions from Income If Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)(2))	\$		
47	Total Total Enter	of all deductions allowed Part V the amount from Line 18 (the amount from Line 47 (hly disposable income und	Subpart D: Total Deduct under § 707(b)(2). Enter the total of Current monthly income for § 707(b) (Total of all deductions allowed under	ions from Income If Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)(2))	\$ \$ \$		
47 48 49	Total Total Enter Enter Monti result	of all deductions allowed Part V the amount from Line 18 (the amount from Line 47 (hly disposable income und	Subpart D: Total Deduct under § 707(b)(2). Enter the total of I. DETERMINATION OF § (Current monthly income for § 707(b) (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 free	rugh 45. ions from Income of Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)(2)) er § 707(b)(2))	\$ \$ \$ \$ \$		
47 48 49 50	Total Total Enter Enter Mont result 60-monumb	of all deductions allowed Part V the amount from Line 18 (the amount from Line 47 (hly disposable income une onth disposable income une er 60 and enter the result.	Subpart D: Total Deduct under § 707(b)(2). Enter the total of I. DETERMINATION OF § (Current monthly income for § 707(b) (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 from the § 707(b)(2). Multiply the amount on. Check the applicable box and processing the subpart of	ions from Income If Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)) Per § 707(b)(2)) om Line 48 and enter the Int in Line 50 by the Reed as directed.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
47 48 49 50	Total Total Enter Enter Mont result 60-me numb Initial	of all deductions allowed Part V the amount from Line 18 (the amount from Line 47 (hly disposable income une onth disposable income une er 60 and enter the result. I presumption determination e amount on Line 51 is less	Subpart D: Total Deduct under § 707(b)(2). Enter the total of I. DETERMINATION OF § (Current monthly income for § 707(b) (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 from the form of \$ 707(b)(2). Multiply the amount on. Check the applicable box and process than \$7,025* Check the box for "The subpart of the subp	ions from Income If Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)) (2)) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
47 48 49 50	Total Total Enter Montresult 60-menumb Initial The	of all deductions allowed Part V the amount from Line 18 (the amount from Line 47 (hly disposable income une onth disposable income une er 60 and enter the result. I presumption determination e amount on Line 51 is less	Subpart D: Total Deduct under § 707(b)(2). Enter the total of I. DETERMINATION OF § (Current monthly income for § 707(b) (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 for ander § 707(b)(2). Multiply the amount on. Check the applicable box and process than \$7,025* Check the box for "The verification in Part VIII. Do not complete	ions from Income If Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)) (2)) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
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		PART VII. ADDITIONAL E	XPENSE CLAIMS				
	health a monthly	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
56		Expense Description	Monthly Amount				
30	a.		\$				
	b.		\$				
	C.		\$				
		Total: Add Lines a, b, and c	\$				
		Part VIII: VERIFI	CATION				
		re under penalty of perjury that the information provided in this states before must sign.)	ment is true and correct. (If this a joint case,				
57	Date: _	7/ 3/2013 Signature: /s/ Cynthia L. (Debtor)	Shepard				
	Date: _	7/ 3/2013 Signature:(Joint Debtor, if any)					

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.